

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 30, 2014

Ms. Debra Olivetti, Administrator
Middlesex Therapeutic Community Residence
1076 Us Route 2
Montpelier, VT 05602-8840

Dear Ms. Olivetti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 16, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/16/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MIDDLESEX THERAPEUTIC COMMUNITY RES

1076 US ROUTE 2
MONTPELIER, VT 05602

(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	Initial Comments	T 001		
T 032 SS=D	<p>V.5.7.b Resident Care and Services</p> <p>5.7 Treatment Plan</p> <p>5.7.b The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen (14) days of admission.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the treatment plan reflects the steps to be taken to solve identified behavior problems a for 1 of 2 Residents, (Resident # 1) Findings include:</p> <p>1. Per review on 05/16/14, Resident # 1 was identified per the treatment note dated 04/29/14 as someone who occasionally acts out and "speech is usually paranoid, noticeably symptomatic, seeing things hearing things....usually precipitated by family visits and last about 1-2 days". There is no specific treatment plan with measurable interventions specifically for these behaviors that are applicable for the support staff that would assist the resident. There is no treatment plan that provides the steps needed to work with the resident in respect to behaviors and paranoid demeanor.</p>	T 032	<p>Please see attached Plan of Correction.</p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0020

DL3N11

If continuation sheet 1 of 3

PML

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2014
NAME OF PROVIDER OR SUPPLIER MIDDLESEX THERAPEUTIC COMMUNITY RES			STREET ADDRESS, CITY, STATE, ZIP CODE 1076 US ROUTE 2 MONTPELIER, VT 05602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 032	Continued From page 1 Per the staff progress note dated 05/04/14 at 5:20 AM states "resident awake the entire NOC [night] shift pacing the halls testing the limits all night with staff and trying to engage in delusional conversation i.e.: banging on walls/doors, throwing change down the hallway". The progress note of 05/04/14 at 10:30 AM states "increased anger, informed not going anywhere related to [resident's] behaviors". Per interview at 3:30 P.M. the Manager stated that the resident very rarely acts out but at times, especially after visiting family, [behaviors] would start to happen and only last a few days. S/he stated that support staff are trained on methods of de-escalating situations but confirmed that specific steps especially for this resident's behaviors were not in the treatment plan.	T 032			
T 033 SS=D	V.5.7.c Resident Care and Services 5.7 Treatment Plan 5.7.c The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to develop, for 1 of 2 Residents, a treatment plan that contained clear and concise statements of at least the short-term goals the	T 033			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/16/2014
NAME OF PROVIDER OR SUPPLIER MIDDLESEX THERAPEUTIC COMMUNITY RES		STREET ADDRESS, CITY, STATE, ZIP CODE 1076 US ROUTE 2 MONTPELIER, VT 05602			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
T 033	Continued From page 2 resident will be attempting to achieve, along with a realistic time table for their fulfillment or reassessment. (Resident # 1) Findings include: 1. Per record review on 05/15/14 Resident #1 was admitted in July 2013 with mental illness. Per review of the treatment plan there are no clear and concise statements of the goals that the resident is attempting to achieve. Per the treatment plan dated 04/29/14 notes the resident will meet with the Psychiatrist monthly, will work on coping skills weekly with the MSW/psychologist team and enjoys activities such as music, guitar which is daily. Additionally, there is no treatment plan for behaviors. The treatment plan failed to address the specific goals the resident needed to obtain coping skills or concise steps needed to address anxiety/behaviors. Per interview at 3:30 PM, the Manager confirmed the treatment plan does not contain clear and concise statements of the resident's goals.	T 033			

ID Prefix Tag # T 032
V.5.2a Resident Care and Services

5.7 Treatment Plan

1) What action we are taking to correct the deficiency;

The Chart for resident # 1 includes a treatment plan addendum/updates dated 5/19/14 and 5/23/14 that address directly the steps to be taken by staff to solve identified behavior problems. Staff is notified of updates to the treatment plan and are directed to review the plan for responses and interventions to specific behaviors.

2) What measures will be put into place or what systemic changes we are making to ensure that the deficient practice does not recur;

The treatment team will update treatment plans as needed to address behaviors indicated in the progress notes, and through observation that will indicate measurable interventions specific to the behaviors that that are applicable for the support staff that would assist the resident.

3) How the corrective actions will be monitored so the deficient practice does not recur.

The MTCR Director and the MTCR Psychologist will monitor the Treatment Plans so that the deficient practice does not recur.

4) Date Corrective action will be completed.

Corrective action was completed on 5/19/14.

ID Prefix Tag # T 033
5.7 Treatment Plan

1) What action we are taking to correct the deficiency;

The Chart for resident # 1 includes a treatment plan addendum/updates dated 5/19/14 and 5/23/14 that contains clear and concise statements of at least short term goals the resident will be attempting to achieve, including a realistic time schedule for their fulfillment or reassessment.

T032 + T033 POC's accepted 6/26/14 SEMMONS RN/PNK

2) What measures will be put into place or what systemic changes we are making to ensure that the deficient practice does not recur;

The treatment team will make sure that initial and updated treatment plans contain clear and concise statements of short and long term goals the resident will be attempting to achieve, to include a realistic time table for their fulfillment or reassessment.

3) How the corrective actions will be monitored so the deficient practice does not recur.

The MTCR Director and the MTCR Psychologist will monitor the Treatment Plans so that the deficient practice does not recur.

4) Date Corrective action will be completed.

Corrective action was completed on 5/19/14.